

CLAIMS ONLY							Application Number <i>10 613 307</i>		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/	/					51	/				
2		/					52	/				
3		/					53	/				
4		/					54	/				
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7		/					57	/				
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44		/					94					
45	/	/					95					
46		/					96					
47		/					97					
48		/					98					
49		/					99					
50		/					100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					